

**Confessional Lutherans for Christ's Commission (CLCC)
Congregational Membership Application**

Please Print

Name of Church: _____

Synod or other church organization affiliation: _____

Date of application: _____ Number of Communicant members; _____

Senior Clergy: _____ Home Phone: _____

President: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Office Phone: _____ Email: _____

Business Phone: _____ FAX: _____

Web site address: _____ Approximate seating capacity: _____

Other Confessional Group Membership: _____

Training Courses you have or know of that would be of interest to our purposes: _____

Training Courses we have or plan to have that would be of interest to your church: _____

Continue on back if needed

Annual Congregational Membership Fee: **\$200.00** Make check payable to **Confessional Lutherans for Christ's Commission**

Mail check and application form to: Gene White, 230 Evelyn St., Roseburg, OR 97471

Contact the CLCC Treasurer at: CLCC.Treas@douglasfast.net